

Preventive Health Assistance Unit
Department of Health & Welfare - Medicaid Division
3232 Elder Street, Boise, ID 83720
(208) 364-1843, (208) 364-1807 or toll free (877) 364-1843

Welcome!

Thank you for your interest and willingness to partner with Idaho Medicaid to provide Preventive Health Assistance (PHA) benefits to Medicaid participants. The PHA benefit assists individuals to live healthier lifestyles by promoting healthy behaviors in the areas of Wellness, Weight Management and Tobacco Cessation.

All the forms necessary to sign-up as a PHA vendor are included in this packet. There is also a sample of the PHA voucher / vendor agreement. The PHA voucher serves the dual purpose of Medicaid's promise to pay, and your agreement with Medicaid.

Being a PHA vendor enables you to provide agreed upon products or services to PHA participants. By being a PHA vendor, you agree to accept PHA vouchers toward or for the purchase of approved PHA products and services. You further agree to paper bill Medicaid for reimbursement.

Please fill out the enclosed vendor agreement, including the W-9 form and EFT information (*if applicable*) and return them to us. You can send the items by mail to the address above or via email to medicaidphaprogram@dhw.idaho.gov

If you have additional questions, please call Cindy or Brad at: (208) 364-1843, (208) 364-1807 or toll free at (877) 364-1843.

Sincerely,

Cindy Brock/Brad Perry
Plan Administrators
Preventive Health Assistance

Return this completed application packet to:

Idaho Department of Health and Welfare, Medicaid Division
Preventative Health Assistance Unit
3232 Elder Street
Boise, Idaho 83720-0036

For Department Use

Date Entered:

Date Scanned:

Enrollment Number:

Insurer Invoice Number:

Vendor Information
Preventive Health Assistance

This packet is divided into two sections:

1. Section one contains the :
 - W-9 Form
 - Authorization of Electronic Funds Transfer forms for your signature
2. Section two contains: a sample of Medicaid's PHA voucher / vendor agreement

Below is a list of all the individual documents. All of these documents are included in this application packet.

Checklist for Completing your Enrollment Packet

_____ **Authorization for Electronic Funds Transfer Form** (optional)

_____ **W-9 Form** (required)

_____ **Review sample PHA voucher /vendor agreement** (required)

Once you have completed all of the required materials, take a moment to check off each item listed above. Incomplete applications will be returned to the vendor. Be sure to **date and sign** applicable forms.

Make a copy of this application packet for your records. Send the original to the address at the top of this page. If you have questions about the status of your application, please contact the Preventative Health Assistance (PHA) Unit at (208) 364-1843, (208) 364-1807 or toll free (877) 364-1843

Authorization for Electronic Funds Transfer

Complete all of the sections below **if** you wish to have your payments automatically deposited to your bank's checking or savings account. The transaction routing number can be obtained from your bank.

Important: If you want the deposit made to a checking account, attach a voided check. If you want the deposit made to a savings account, attach a letter from the bank verifying the account.

Vendor Account Name		
Bank Name		Bank Phone Number
Bank Address		
Account Number		
Transaction Routing Number (nine digit) ____ ____ ____ ____ ____ ____ ____		
Type of Account (circle one)	Checking	Savings

I authorize the electronic transfer of Preventative Health Assistance Voucher reimbursement payments made to the above Vendor. I understand that I am responsible for the validity of the above information.

Authorized Signature _____ Date _____

Name typed or printed: _____

For checking account deposit only.

Attach a voided check here.

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do NOT
send to the IRS.

Please print or type

Name (If a joint account or you changed your name, see **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

--	--	--	--	--	--	--	--	--	--

OR

Employer identification number

--	--	--	--	--	--	--	--	--	--

List account number(s) here (optional)

Part II For Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign
Here

Signature ▶

Date ▶

Purpose of form. A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9, if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are an exempt payee.

If you are a foreign person, IRS **prefers** you use a Form W-8 (certificate of foreign status). After December 31, 2000, foreign persons **must** use an appropriate Form W-8.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive **will** be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

State of Idaho
Department of Health and Welfare – Medicaid
**AUTHORIZATION of PAYMENT for PREVENTIVE HEALTH ASSISTANCE
VOUCHER for GOODS and SERVICES**

PHA Benefit: ? Wellness ? Behavior

VOUCHER NO. _____

Vendor Name _____ Participant _____

Vendor Address _____ Medicaid ID Number _____

The Department of Health and Welfare – Medicaid Division hereby promises to promptly reimburse _____, vendor, for the goods or service described below at the maximum amounts described below, and provided to participant named above.

In exchange, PROVIDER, agrees to the following: 1. To accept this voucher as payment for or toward the purchase of the below listed goods or services, for the participant listed prior to the voucher expiration date. 2. To maintain a record of the transactions made under this agreement. 3. To furnish on request from federal or state Medicaid auditors, information relating to purchases made under this Agreement. 4. To bill the Medicaid Preventive Health Assistance program for the exact amount of the below listed goods or services or the up to amount of the voucher whichever is less. 5. To bill the Medicaid Preventive Health Assistance program within 365 days of the date accepted for or toward purchase of the below listed goods or services. 6. This Agreement expires 1 year following the voucher expiration date.

Voucher for _____

Voucher may be accepted for UP TO \$ _____ amount.

Voucher may not be accepted after _____ date.

Authorized by _____ Title _____

Date _____ Address: Medicaid PHA Unit, 3232 Elder St, Boise, ID 83705
Phone: 208-364-1843 or 1-877-364-1843

NOT NEGOTIABLE FOR CASH

After this transaction is completed, you can secure payment by mailing your billing statement ACCOMPANIED BY THE ORIGINAL VOUCHER or Facsimile of original to the address listed above within one year of the date the goods or services were provided. Payment will not be made if billing is not submitted within the one year time limitation. Do NOT include sales tax on your billing because the State of Idaho is tax exempt.

Participant Signature *(Sign when goods or services are received)* _____

Date Redeemed _____

Vendor Representative PRINTED Name _____

Vendor Representative Signature *(Sign when payment for goods or services is accepted)* _____

Date accepted _____